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EPIDEMIOLOGY

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WORLDWIDE REPORT

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BRIEFS

AFRICAN CHILDREN'S DISEASES--Plans are going ahead for a five-year mass vaccination drive aimed at eradicating six childhood diseases in sub-Saharan Africa, a region containing 340 million people. Details of the campaign emerged as the United Nations' Children's Fund (UNICEF), in its report, The State of the World's Children, 1980, was noting that poverty and its attendant health problems were at their most acute in black Africa. There it said, one child in two was inadequately fed and one in five died before its fifth birthday. The mass vaccination scheme forms part of the "concerted action for African development," a joint initiative by six leading Western nations: the United States, Canada, Britain, France, West Germany and Belgium. Under the initiative, each member will be responsible for co-ordinating one aspect of the overall aid programme. Thus West Germany, for example, will have special responsibility for the projects aimed at improving railway links in Eastern Africa, while the US will co-ordinate the medical assistance efforts. The vaccination drive will reportedly involve the training of more than 4,000 Africans to help carry it out, and it is also planned to make an in-depth review of the health programmes of 19 black African countries. [Text] [Enugu DAILY STAR in English 23 Mar 81 p 7]

CSO: 5400

MINISTRY PROMOTES DISEASE PREVENTION

Kabul KABUL NEW TIMES in English 22 Mar 81 p 3

[Text]

'Creating better and secure atmosphere for psychological, physical and social tranquility' is the motto adopted by the preventive medical and health organisations in Afghanistan.

Recently, Dr. Nabi Kamyar, second Deputy Minister, and president of the Sanitary and Anti-epidemic Council of the Ministry of Public Health had an interview with a Kabul New Times reporter on the activities and the main preventive medical services for rendering better health services to the people in the country.

Dr Kamyar disclosed that the Preventive Medicines Department has performed various lab tests on 25,357 people and 95 per cent of the blood serology, bacteriology and parasite presence tests are being done free of charge.

Speaking on the duties of the various departments, and the facilities provided Dr. Kamyar recalled that in the past, the

activities of the public health institutions in rendering better health services were mainly focused on preventing fatal diseases.

Contagious diseases were the main cause for mortality, especially among children, giving rise to serious public health problems. Today inspite of the availability of modern medical facilities and better environmental health conditions, public health problems arise from the nature of work, working conditions and due to metabolic diseases and contamination.

The DRA Government Preventive Medicines Department plans to combat the main public health problems of communicable diseases by taking some immediate steps for control and eventual eradication, Dr Kamyar said. These steps are.

1— Determining and categorizing the main public health problems of the country through widespread systematic public health service networks.

2— Determining of the problems, based on priorities and the urgent needs of the people, with precise statistical assessment of the epidemiological diseases.

3— Lowering the mortality rate (especially among the children).

4— Preventing and controlling the outbreak of the contagious diseases through mass immunization programmes and other anti-epidemiological measures.

5— Promoting the knowledge of the people through mass communication, publications and other methods.

6— Improving and controlling hygienic conditions quality control of drinking water, food and housing.

In order to control contagious diseases, 55,884 people have been examined and treated during the last ten months of the current Afghan year 1359.

Mass inoculation programmes have been started and 402,685 children have been vaccinated with DPT, Polio, TT, BCG and measles vaccines for the first time and 158,515 children for the second and 66,435 children for the third time.

Laboratory tests have been carried out on 1,119 samples of water for quality control purposes.

A total of 110 wells have been Chlorinated.

One hundred and seventy-three samples of foodstuffs have also been tested.

About 44 factories have been checked for preventive measures and for sanitation.

In the field of vaccine production some progress has been achieved and 760 cc of anti-typhoid, 50,000 cc of anti-cholera and 46,600 cc of anti-rabies vaccines have been produced.

In addition to the Radio-TV programmes, 90,690 pamphlets and 2,165 books have been published. Eleven in-service courses for doctors, lab technicians, vaccinators and other personnel have started. Lab tests have been carried out on 1,081 samples of foodstuff, water and other substances.

Speaking on the aerial facilities, made available to people, Dr Kamyar added, emergency teams are duty-bound to visit inaccessible and remote areas where medical service is urgently required, and adopt necessary preventive measures".

A total of 67,792 patients have been examined and treated at the Stomatology Hospital during the eleven months of the current Afghan year. The number of cases, however, is not the only thing impressive about the hospital's performance.

Dr. Sayed Bashir Muzafery, head of the Stomatology Hospital, in an interview with a reporter of Kabul New Times, points out that the hospital serves two categories of patients—those who have to pay the required fees, and the others who get entirely free treatment. Over 250 patients daily come to the

hospital for examination and treatment.

The hospital has sections for the treatment of oral diseases, surgery, artificial dentures, children and X-ray among others. All the services of the hospital are available from 8-30 a.m. till 3-30 p.m. even on holidays.

Answering a question, Dr. Sayed Bashir Muzafery said: "After the victorious Saur Revolution especially after its new evolutionary stage, more efforts were exerted so that dental medicine is further perfected and more doctors are at the service of the people. Development of the science of stomatology was given priority, so that patients are given proper treatment and at the same time, the existing facilities are extended further and developed."

According to Dr. Muzafery, "the more capable a doctor is, the better can he treat his patient. In the field of stomatology, treatment is a rather complicated job and if the doctor is inexperienced, the patient may be harmed".

According to Dr. Muzafery, "the more capable a doctor is, the better can he treat his patient. In the field of stomatology, treatment is a rather complicated job and if the doctor is inexperienced, the patient may be harmed".

Earlier, due to careless management, the hospital had faced many difficulties regarding proper treatment. In order to remove this obstacle the hospital decided to separate and organise the different sections in a better way. This,

made treatment easier and greater facilities were provided for the patients. More equipments has also been supplied to the hospital for operations. Seven units in the new part of the hospital, and coordination of the surgery section, with that of the other hospitals in the capital, are some of the facilities introduced after the new phase of the Saur Revolution.

REASONABLE

The fees for the hospital are very reasonable and most patients can afford it. For instance, Afs. 50 is charged for cleaning of teeth, and Afs. 30 for pulling a tooth out, and Afs. 100 is charged for filling of a tooth.

Dr. Muzafery says, "At present five stomatologists, 33 dentists, and four other assistant doctors are on duty at the hospital."

The difference between a stomatologist and a dentist is— the stomatologist receives his M.D. degree from the College of Stomatology and the dentist grad-

uates from the specialised high school for dental treatment or a dental college.

As an increasing number of patients come to the hospital every day and as the city's population is on the increase, to cope with the increasing demands, the revolutionary Government of the Democratic Republic of Afghanistan has already established special high-schools dealing with dental science and a college of stomatology. It is expected that, by the end of 1360, over 80 stomatologists will graduate. This will help to a great extent solve the scarcity of dentists.

It is planned that, within the earliest possible time, two modern dental laboratories, 18 modern and fully equipped units for the treatment of teeth and oral diseases, a mobile surgery unit, a well-equipped X-ray section, a mobile unit for the treatment of school children, universities students and workers will be commissioned. This will greatly enhance the activities of the hospital.

ARGENTINA

BRIEFS

OUTBREAK OF MEASLES--Rosario--The local health authorities are greatly concerned about an outbreak of measles in this city and the whole province. This year alone there have been 74 cases reported of which 2 were fatal. [Buenos Aires LA NACION in Spanish 28 Mar 81 p 10 PY]

CSO: 5400

BOLIVIA

BRIEFS

YELLOW FEVER SPREADS--La Paz, 27 Mar--According to reports issued by health officials, the yellow fever epidemic which started in Rincon del Tigre, in the tropical area of Santa Cruz de la Sierra, is apparently spreading throughout the tropical belt of Bolivia's territory and is now threatening the villages of San Matias, San Jose and San Ignacio, approximately 1,300 km from La Paz, where at least 8 cases have already been reported. [Buenos Aires TELAM in Spanish 1250 GMT 27 Mar 81 PY]

CSO: 5400

BRAZIL

BRIEFS

DIPHTHERIA IN SAO PAULO-Sao Paulo, 1 Apr--Information recently released by the health secretariat reveals that 30 cases of diphtheria were reported in Sao Paulo during the first 3 months of the year. The information further adds that of these 30 cases, 5 were fatal and that the focal point of this disease is located in the Jardim Ipore neighborhood in the south of the city. [PY081902 Buenos Aires TELAM in Spanish 2120 GMT 1 Apr 81]

CSO: 5400

CRITICAL STATE OF MEDICAL SERVICES LAMENTED

Accra DAILY GRAPHIC in English 21 Mar 81 p 2

[Editorial]

[Text]

GHANA'S medical service has collapsed. Hospital equipment has broken down; there are no drugs; doctors have left the service to work in other countries; and there are virtually no vehicles and other essential items for the people's health care.

We talk about this unfortunate situation so often that it seems as if things have been exaggerated to give a gloomy picture of what is not-too-bad a position.

But a call at any of our hospitals shows that there are no sucker machines for operations, anti-malaria tablets, anti-rabies vaccines, crystalline penicillin, antiseptics, X-ray films, paracetamol, etc.

This revelation may seem like an "Ananse" story but that is the state of our hospitals and health centres. The hospitals, in addition, do not have bedsheets, pillows, mattresses, infusions, oxygen, chemicals for the laboratories, etc. etc.

Any medical officer who works at a hospital with the above description will be frustrated, he wants to save lives but the constraints are just unsurmountable.

Added to this is the seemingly less attention the society places on doctors. Our medical officers have no cars, and there are no telephone facilities in their

homes. The other aspects of their service conditions appear less attractive. The result is that out of some 60 doctors trained annually at public expense, more than half leave the country in search of better service and working conditions.

This country should know her priorities. Surely, it serves no purpose to train a doctor for some seven years only to lose him to a neighbouring state because we are incapable of giving him the basic tools with which to work.

Those who love Ghana have stayed, through this ordeal, to save lives. But there is a limit to the extent to which a mortal can hold his patience. So we have an unfortunate situation where doctors are, or have threatened to charge extra fees for attending to the sick.

The other para-medical staff have also decided to look elsewhere for extra income to enable them make ends meet.

The country's economy has made everybody a pauper; we are all suffering. And the pain is such that no amount of exhortation can give us the spiritual, moral and psychological assurance and relief we need to stay and wait for redemption.

It behoves on the government, therefore, to find a lasting solution to the problems facing the medical services. Something, in concrete terms, must be done to prevent our medical services from collapse.

Whilst the government does this we plead with our medical officers and the para-medical staff to, once more, exercise constraint in their seemingly legitimate move to seek "redress".

OVER 90 PERCENT OF 1-YEAR-OLDS TO BE IMMUNIZED IN 1981

Georgetown GUYANA CHRONICLE in English 14 Feb 81 p 3

[Passages in slantlines printed in boldface]

[Text] /The Ministry of Health intends to immunise more than 90 per cent of the children, aged one year, against a variety of dreaded diseases this year, Minister of Health in the Office of Public Welfare, Dr Richard Van Est Charles has said./

Dr Charles observed that some 80 per cent of the children in the country were born in Public Hospital...after the Peoples National Congress came to power.

He was at the time speaking in support of the motion for the approval of Government's policy adumbrated in President Burnham's address to Parliament Monday last.

/Dr Charles called on all those who have come in contact with disabled persons to understand that they can play an important part in their existence. He said this when he outlined the plans to the Ministry of Health during the International Year of disabled persons./

He reiterated Government's commitment to the physically handicapped and noted their right to contribute to national development and said that training and development of skills to tackle dreaded diseases would be put into operation.

He pointed to the dental programme and other areas and disclosed that a massive health education programme would be launched on both press and radio.

/Positive steps would be taken to rehabilitate health institutions noting that during this year the Best Hospital would be utilised for general purposes, the Fort Canje Hospital would be renovated and a new hospital would be built at Aishalton," Dr Charles said.

"Slipshod and unhealthy practises in food processing cannot be tolerated and the Analyst Department would be strengthened to carry out a programme to curb this. In addition they would give help and develop the techniques of manufacturers."/

He noted that the antimalaria and /Aedes/ programmes were to be strengthened and declared that he looked forward to the cooperation of all in the tackling of these problems. He said that the intention was to make Guyana malaria free.

BRIEFS

ANTIMALARIA SUCCESS--No new cases of malaria have been found in the Upper Demerara River area since the introduction of the special malaria eradication programme in the district, according to Acting Chief Medical Officer, Dr Walter Chin. During last year, the programme was introduced when it was reported that at least one case of malaria had been found in the Linden district. Dr Chin said that members of the special team of malaria workers have completed spraying the Linden area and are monitoring the situation carefully. He said that a number of blood smears had been taken from residents of the area and no trace of malaria was found. Members of the team are now working in small communities along the river and have so far found no indication of malaria in the area. [Text] [Georgetown GUYANA CHRONICLE in English 16 Feb 81 p 8]

CSO: 5400

RISE IN POLIO CASES REPORTED IN MADRAS

Madras THE HINDU in English 2 Mar 81 p 1

[Text]

MADRAS, March 1.

Polio, the crippling disease in children, has broken out in a virulent form in the city.

It has claimed the lives of at least 34 children in the last two months; 10 of them in just one week, between February 15 and 21.

Worried over the spurt in the incidence of this highly infectious viral disease, the Institute of Child Health in Singapore has alerted the health authorities and the Corporation of Madras to take adequate protective and preventive measures.

In January and February alone, over 350 children afflicted with poliomyelitis were admitted to the isolation ward in the Institute. Additional doctors, nurses and para-medical staff have been posted to provide round-the-clock intensive care.

Special Care

The Institute authorities have also constituted a special committee to work out details for improving the care and the quality of services to these children.

Though the virus appears to have struck in almost all parts of the city, the admissions to the Institute are quite pronounced from Perambur, Royapettah, Triplicane, Vyasapatti and Ayerambur.

According to Dr. C. Thiruganasambandham, Professor of Paediatrics, the early symptoms of a polio attack, particularly in children in the age group of six months to five years are a short fever of one or two days and pain in the limbs or body.

The number of children with acute poliomyelitis admitted to the Institute

in the last two months was almost double when compared to those treated during the corresponding period last year.

There are three types of polio virus which affect mostly children below five years. The maternal antibodies present against this disease protect newborn infants usually for a period of three to six months. An subsequently born child escapes from this dreadful disease.

How it Spreads

The virus spreads through the faeces of a child which had the infection. Carried by flies, the virus can easily get mixed with water and those who lacked adequate immunity would get the disease. In a community where the standards of personal hygiene are poor and potable water is not free from contamination, the chances of the infection spreading are quite high.

Out of 100 children who caught the infection, Dr. Thiruganasambandham said, probably ten or so developed paralytic poliomyelitis. Others might only suffer from fever and escape paralysis or show any noticeable reaction.

In a child afflicted with polio, the maximum recovery takes place during the first eight weeks after the attack. But once the paralysis occurs, it could involve either one or two limbs or abdominal muscles, neck muscles or trunk muscles.

Spinal poliomyelitis is very common than the more dreaded type namely bulbar or encephalitic type of paralytic poliomyelitis. In the last two types there will be difficulty in swallowing because of the affection of throat muscles which help to close the nasal passage during

the act of swallowing.

This kind of paralysis usually results in difficulty in breathing and the child will suffer for want of adequate oxygen and ultimately lose consciousness.

Out of 14 fatal cases 11 had developed either encephalitis or bulbar poliomyelitis.

It was unfortunate, the doctor said, that in spite of the availability of effective vaccination to immunise children against this disease, the incidence of polio should show an increasing trend. If only 80 per cent of the children in the community could be immunised with oral polio vaccine, all of them would be saved from the disease. The remaining 20 per cent would escape by developing natural immunity.

Primary immunisation against polio should be started as early as the third month of an infant and it should be given once a month for three months. Two more doses should be given at two months interval after the third dose and later a booster dose after one year.

Preservation of the Vaccine

The infection this time has been noticed in some of the children who had been given the vaccine. In the most important point to be observed is that the vaccine should be stored in a deep freezer to ensure its efficacy.

In some predominant with polio, Dr. Thiruganasambandham said, it would be better not to give injections to children suffering from fever. As polio might precipitate the paralysis of that particular limb in which the injection is given. Also, when there was an epidemic like this, it would be better to avoid operation in children below the age of five.

BRIEFS

JAUNDICE EPIDEMIC REPORTED--Patna, March 4--Jaundice has spread in epidemic form in Muzaffarpur where nearly 4,000 people were suffering from this deadly disease, according to district IMA president T. P. Shahi. The worst affected areas are Bilaghat, Akhraghat and Sikandarpur. Drinking water pollution due to leakage in pipes is said to be the reason for the outbreak of the epidemic. [Text] [New Delhi PATRIOT in English 5 Mar 81 p 4]

DROP IN MALARIA CASES--The incidence of malaria in the Andaman and Nicobar Islands has decreased by 34% as a result of malaria eradication programmes, according to a Press Note issued by the Union Government in Calcutta on Wednesday. Other preventive measures had controlled to a large extent leprosy, smallpox, whooping cough and diphtheria. A leprosy centre set up at Port Blair recently, detected 80 cases last year. [Text] [Calcutta THE STATESMAN in English 26 Feb 81 p 14]

CSO: 3400

BRIEFS

CHOLERA KILLS EIGHT--Jakarta, 24 Mar (AP)--Eight persons have died and 55 others have been hospitalized due to a wave of cholera which has swept over an eastern suburb of Jakarta since Sunday, a government official said Tuesday. Major Ratag, chief of the area's security, said most of the victims were children and youths under 24 years old. A health official of the area said an investigation concerning the cause of disease was proceeding. [Text] [Taipei CHINA POST in English 26 Mar 81 p 6]

CSO: 5400

ISRAEL

BRIEFS

CONTAGIOUS DISEASE SPREAD REPORTED--The hard skin disease, the rose of jericho (leishmaniasis) has spread and has recently reached Jerusalem. Several cases of this disease have been discovered in East Jerusalem and health ministry experts are now conducting checks to locate the source of its outbreak. [TA020749 Jerusalem Domestic Service in Hebrew 1000 GMT 1 Apr 81 TA]

CSO: 5400

MINISTER ACTS TO KEEP COUNTRY FREE FROM CHOLERA

Amman AL-DUSTUR in Arabic 19 Mar 81 p 5

[Article by Ahmad al-Hisban: "An Immediate Investigation is Under Way of Fields Irrigated with Effluent Water and the Harm It Has Caused in Violation of Article 3 of the Agrarian Law"]

[Text] Mr Marwan Dudayn, the minister of Agriculture, said in a letter he sent to the agriculture directorates in the provinces and districts that the ministry is directly concerned with keeping Jordan free of cholera and keeping the environment unpolluted.

The minister decided to conduct an immediate investigation on crops that are irrigated with effluent water especially in the areas of 'Ayn Ghazzal, al-Rasifa, al-Sakhna, the water-course of the Zarqa', and the Sayr and Salt valleys, and the Ghur plains, and to present the findings in the name of the farmers of those areas.

The minister's letter also included a request to those concerned to step up field visits to lands that are irrigated with effluent, and to inform farmers of the need to get a report from the Ministry of Agriculture that explains the kinds of crops which can be watered with effluent. This is in application of resolution #2 issued in accordance with paragraph A, Article 3 of the Agrarian Act #20 of 1973.

It also included a decision to advise the farmers on the Ghur plains to avoid composting natural fertilizer in large piles and leaving them exposed for long periods of time. It affirmed that it is necessary to move it immediately to the fields, where it should be strewn and turned into the soil.

The reasons for this measure are the fertilizer should be covered with a layer of earth of a depth varying between 5 and 10 centimeters, or put in a hole with a covering of earth or plastic so as to prevent the excessive breeding of flies.

The letter prohibits letting water flow by or through these piles of fertilizer or placing these piles at the side of water canals.

It called on the agriculture directorates to inform the administrative judges of any infractions of this sort so that they can take preventive measures to rectify the problem.

On another matter, the minister confirmed the need to bring to the attention of farmers and owners of chickens and stock farms of the necessity of keeping things generally clean. He instructed them to follow safe procedures in the campaign against flies and to spray for flies with the proper farm chemicals.

He mentioned that the supreme executive committee for the war against cholera decreed at the end of its meeting held in early March the need for the complete cooperation of agencies that are specially charged with the campaign against cholera and preserving a clean environment.

It also affirmed the need to destroy crops that were watered with effluent out of concern for general cleanliness in all regions. The committee gave administrative judges the right to take the measures needed to eliminate infractions in these matters.

9587

CSO: 5400

BRIEFS

COOKING OIL MISHAPS — The technical committee charged with studying the subject of oils used for frying food recommended the need for a continuing laboratory examination of cooking oils. It would give guide-lines to restaurant owners of how to properly use frying oil, especially used in cooking falafal. It also ordered the formation of a committee comprised of Dr Sa'id 'Alush from the Royal Science Academy and Dr Hamdi al-Shawwa from the Ministry of Health to draw up the necessary guide-lines. The Ministry of Supplies and the capital's security, along with the Ministry of Health are charged with conducting the required field observations. During a meeting held by the committee Dr Sa'id 'Alush presented a summary that made clear that heating and reheating frying oils over long periods leads to the formation of (different) chemical combinations that are detrimental to health. He also made it clear that the Academy had completed experiments on 184 samples of used oil from which it was discovered that nearly half of them were not safe. The committee members agreed that changes occur in the structure and chemical characteristics of vegetable oils during either repeated fryings or prolonged heating. These changes are dangerous to health and are imperceptible to restaurant or food-preparation workers. The committee also confirmed that heating oils directly or raising their temperature to above 190 degrees centigrade can lead to accelerated spoilage of the oil. One should not use spoiled oil again and cleaning it or restoring it is not possible. It can be employed in other uses, as for example the manufacture of soap. [Text] [Amman AL-DUSTUR in Arabic 18 Mar 81 pp 1, 17] 9587

CSO: 5400

KENYA

RIFT VALLEY MEASLES DEATHS

Dar es Salaam DAILY NEWS in English 4 Apr 81 p 1

[Text]

Nairobi, Friday.
ELEVEN children have died of measles in Kenya's Rift Valley province, allegedly because their parents' religious sect forbade their getting hospital treatment, the Kenya News Agency reported yesterday.

District Commissioner Harry Wamubayi told a public meeting in Kericho district that police had recently had to take some sick children of sect followers to hospital by force.

Members of the sect, African Kania (church) Israel, believe their sick will recover if they pray for them.

CSO: 5400

CHOLERA ALERT IN SIAYA DISTRICT

Nairobi DAILY NATION in English 19 Mar 81 p 4

[Text] A cholera alert has been declared in Siaya District following the outbreak of the disease in the neighbouring Kisumu District.

District Commissioner Eliab Gichohi on Tuesday announced that various preventive measures had been taken including putting relevant health teams on standby to monitor and combat the disease if detected.

Chairing the district's cholera surveillance team meeting, Mr Gichohi said the preventive measures taken included the immediate closure of Luanda Kotieno beach market on the Lake Victoria shore in Uyoma Location where sanitary facilities were non-existent.

He told the meeting that the market, where hundreds of wananchi converge from all parts of Nyanza to carry out fish business would remain closed until the Siaya County Council provided public pit latrines.

The meeting noted that the insanitary conditions at the fish market were a major health hazard which could lead to calamities in the event of cholera epidemic.

The DC urged the council which was represented at the meeting by the clerk to council, Mr Absolom Ober, to maintain high standards of cleanliness and collect refuse in all markets under its jurisdiction.

Another preventive measure taken by the Government included the ban on all forms of feasts at prolonged burial ceremonies. The DC said the ceremonies would no longer be allowed to last more than 48 hours.

Advising wananchi to observe personal hygiene, Mr Gichohi said chiefs and their assistants had been instructed to initiate village health committees whose duties would be to ensure that every homestead had a toilet.

The district medical officer of health, Dr Ambrose Misore, said although there was no cause for alarm, all cases of diarrhoea should be referred to the nearest hospital immediately.

Meanwhile, the district water officer, Mr Meshack Osom, has appealed to residents of Siaya town to use the available water sparingly to avoid a serious shortage during the cholera alert period.

He advised contractors not to use piped water for building purposes. He said the local water sources had virtually dried up due to the prolonged drought.--KNA

CSO: 5400

BRIEFS

SIAYA CHOLERA OUTBREAK--Following reports of a cholera outbreak in Siaya and parts of Kisumu Municipality, the Western Province public health officer, Mr Richard Walukano, has appealed to people in the neighbourhood to observe health regulations. Mr Walukano said there was no cause for panic in the province because the Ministry of Health's cholera surveillance teams were still very active. He urged wananchi in the area to ensure that every homestead had a well-maintained pit-latrines and that all drinking water was boiled before use. Mr Walukano called on people to report cases of vomiting and diarrhoea to their nearest health centre immediately. On protecting water springs, he said the exercise was still on. This office, he said, would collaborate with that of the Nyanza provincial medical officer to protect all water springs.--KNA [Text] [Nairobi DAILY NATION in English 21 Mar 81 p 10]

CSO: 5400

PILOT ANTI-POLIO PROJECT TO BE LAUNCHED SOON

Blantyre DAILY TIMES in English 30 Mar 81 p 3

[Text]

Blantyre
Tuesday

A TWO-YEAR anti-polio pilot scheme is to be launched in Malawi in the near future by the Rotary International in conjunction with the Malawi Government and the Malawi Against Polio (MAP) campaign.

This was disclosed by Dr. Paul Binks, who arrived in Malawi with his wife, Dr. Morgan Binks from London on Friday to begin preparations for the project whose headquarters will be in Lilongwe. The scheme will have a nucleus staff of about 14.

Dr. Binks said that the project which is one of the first in Africa will aim at polio eradication through inoculation, treatment, and what he called Intermediate Medical Technology (IMT) — a medical term that roughly means treatment of victims locally without hospitalising them. In this, he said, training of orthopaedic assistants was very important and will be emphasized in the scheme.

"In treating patients, local resources should be made use of as much as possible," he advised, arguing that imported materials are not economic and take considerable time to arrive. He encouraged the existence of orthopaedic factories such as the

one in Kanjodza which belongs to the Lions Club of Blantyre, and produces calipers, clutches, wooden clogs etc.

Dr. Binks, a Rotarian himself, said that at the end of the two-year pilot scheme at least 2,000 of the estimated 20,000-plus polio victims in Malawi will have been treated. "And with inoculations you can see a light at the end of the tunnel."

Polio, which is short of poliomyelitis, is an infectious disease caused by a virus and attacks mostly children, resulting in muscular paralysis, the outcome of which can be bent limbs. Its symptoms are fever, muscle pains and paralysis. This disease has been completely eradicated in Britain and Western Europe, according to Dr. Binks.

Among the administrators for the pilot scheme will be a Malawian who will ensure continuity of the campaign at the end of the scheme. Time and again the project will be inspected by volunteer orthopaedic specialists from abroad who have worked in other Third World countries.

Rotary International which is the main donor to the scheme will provide K250,000.

Dr. Binks concluded by saying that in the long run a rehabilitation programme will have to be formulated for the victims.

BRIEFS

POLIO VACCINATIONS--Mona, Mchinji, Sunday--Over 11,000 children aged up to two years have so far received polio vaccine throughout the district in response to the Government's programme to stamp out the disease. In an interview, a Health official here said the number of children who received vaccine reflects the combination of first, second and third booster doses of polio vaccine. The work on the 'stop polio' campaign launched by the Ministry of Health and sponsored by the Save the Children Fund has had gratifying results, said the Health official. He said that the Ministry has undertaken this programme with enthusiasm and a high degree of skill. The polio campaign in Mchinji, which started late last October, received favourable response from chiefs, Party leaders and others, according to the number of vaccinated children. The official appealed to mothers to bring forward their children for the second round of vaccination launched late last month in the district. [Text] [Blantyre DAILY TIMES in English 16 Mar 81 p 4]

CHILDREN'S MEASLES VACCINATIONS--Lilongwe, Thursday--Some 299,829 children of between six months to two years old have been vaccinated during the 'attack phase' of the country's anti-measles vaccination campaign which started on September 25, 1978 in Thyolo and ended in Salima on March 11 this year. This was disclosed by the operations officer who was also leader of the vaccination team in an interview. "The total figure is above 80 percent of our target population. And the campaign has been a great success due to the co-operation of both Party and Government officials and, above all, the encouraging response which the team received from the public in all the districts in the country," said the team leader. In order to ensure continuity of the campaign, the ministry of Health has given anti-measles vaccines to all the clinics in the country in what would be called 'maintenance phase.' "Mothers with children of 9 months old and above are strongly advised to bring their children to these clinics where they will be vaccinated against measles," said the team leader. The team leader explained that the campaign cost the Malawi Government K300,000 while the vehicles were provided by the United Nations Fund for Population Activities (UNFPA). The vaccination team comprised 53 people who included a Team Operations Officer, two Advance Publicity Officers, four Field Supervisors, 40 Vaccinators and six Drivers.--Mona [Text] [Blantyre DAILY TIMES in English 20 Mar 81 p 3]

BILHARZIA SEMINAR--Mane, Karonga, Tuesday--A week-long bilharzia control seminar for Karonga and Chitipa based health extension staff ended here with a call to the participants to utilise fully the skills and experience gained during the discussions. An official of the Karonga Agricultural Development Division who closed the seminar advised the 40 outgoing participants to monitor and evaluate their own work progress, identifying problems which needed prompt action by their immediate bosses. He pointed out that health field personnel should increase their efforts to minimise the incidents of diseases in a bid to promote development in the country. In this connection, the official stressed the need for educating people on the usefulness and value of nutrition which he said "plays a very important part in the health of a person in fighting disease in the body." "As you return to your respective stations we expect that you are going to utilise fully the knowledge and drills you have gained while here," said the official. On the seminar, the participants said the bilharzia control seminar had helped them to work together and co-ordinate their efforts in eradicating diseases in both Karonga and Chitipa districts. The seminar, they added, had also opened new venues for closer co-operation with irrigation staff at the schemes and in identifying bilharzia parasites in the microscope. (Text)
[Blantyre DAILY TIMES in English 1 Apr 81 p 5]

CSO: 3400

BRIEFS

VENEREAL DISEASES INCREASE ALARMINGLY--The prejudices against "secret and shameful" diseases has produced an alarming increase in venereal diseases in the country and, last year alone, there were recorded 8,000 cases of syphilis and 20,000 cases of gonorrhea. However, this alarming statistic constitutes only a part of the picture since an enormous number of cases are not detected either because they run their course with obvious symptoms or because those suffering from them do not have recourse to medical attention. The foregoing was stated yesterday by Dr Teodoro Carrada Bravo, advisor to the Preventive Medicine Section [Jefatura de Medicina Preventiva--JMP] of the IMSS [Mexican Society Security Institute], who added that when a pregnant woman becomes infected with syphilis during her pregnancy and does not receive timely medical attention because the disease goes unnoticed by her, her child can be born with congenital syphilis. It is regrettable that, in 1980, the IMSS registered about 250 cases of congenital syphilis despite the fact that this terrible disease is readily detectable. [[Text] [Mexico City EL SOL DE MEXICO in Spanish 30 Mar 81 p 3-A]

CSO: 5400

NIGERIA

BRIEFS

MEASLES OUTBREAK--An outbreak of measles has been reported in Kaugama Local Government Area of Kano State. The head of Department of Health in the area, Malam Halilu Charanci who announced this appealed to the Kano State Ministry of Health to deploy a medical team to the area to carry out eradication exercises. He urged the people in the area to report any outbreak of the disease to the dispensaries in the area. Meanwhile, the local government council has earmarked the sum of 20,000 Naira to purchase medicine for all dispensaries in the area. [Text] [Kaduna NEW NIGERIAN in English 28 Mar 81 p 15]

VACCINATIONS FOR PEOPLE, ANIMALS--More than 4,000 people were vaccinated against various epidemic diseases between December, last year and February, this year in Minjibir Local Government area of Kano State. The diseases include cholera, measles and cerebro-spinal meningitis. The Councillor for Health and Agriculture in the local government, Alhaji Ibrahim Sani Ungogo, who disclosed this in an interview said about 3,000 heads of cattle were also vaccinated against bovine pleuropneumonia during the same period, while more than 10,000 chicks were treated. Alhaji Ibrahim also announced plans to build five leprosy clinics at Ungogo, Minjibir, Kunya, Tsakiya and Safe during the current financial year. He said the two veterinary clinics and four dispensaries now under construction in the area would be completed in July this year. [Text] [Kaduna NEW NIGERIAN in English 27 Mar 81 p 19]

CSO: 5400

BRIEFS

POLIO UNDER CONTROL--The fight against polio in South Africa is being won. Last year the total number of cases in this country was 132. An article in the SA Medical Journal written by three Department of Health doctors disclosed that there were 68 polio cases in the Cape last year, 13 in the Transvaal, and 14 in the Free State. Other reported cases were: kwaZulu (4), Lebowa (8), Gazankulu (1), Swazi homeland (1) and Ciskei (6). The article said polio had been a notifiable disease since 1919. Between 1921 and 1944 there were never more than 100 cases in a year. Outbreaks occurred in 1945, 1948 and 1956 when there were more than 3,000 notifications. Salk vaccine was introduced in 1957 and Sabin vaccine in 1960. Compulsory polio vaccination was introduced in 1963. Two years ago most cases were reported in the southern Transvaal and Natal, but last year the worst hit area was the Western Cape. The doctors found that last year more cases were reported in the five to nine age group than in 1978. "The black population group is the most commonly affected (85 percent of all cases in 1978 and 93 in 1979.)" they wrote. [Text] [Johannesburg THE STAR in English 23 Mar 81 p 2]

CHOLERA CASES--ANOTHER 15 cases of cholera have been confirmed in South Africa since March 19, the Department of Health, Social Welfare and Pension reported yesterday. Of these, eight cases were reported in Kangwane, five in the Northern Transvaal and two in the Southern Transvaal. - Sapa [Text] [Johannesburg THE CITIZEN in English 27 Mar 81 p 2]

CS0: 5400

BRIEFS

CHOLERA DEATHS IN TRINCOMALEE—Three persons were reported to have died of cholera in the Trincomalee district, over the weekend. Police reports reaching Colombo yesterday said that two of the persons who had been admitted to the Trincomalee Base Hospital from Ganthalawa in Kantalai on Friday had died soon after admission, and the postmortem reports determined the cause of death as due to cholera. Cholera has also been determined as the cause of death of an unidentified person reported to have come to Ganthalawa from Neelaveli, the reports add. Three more persons have been admitted to the Trincomalee Base Hospital with symptoms of this disease, on Saturday from the same area, the Police said. The Health Ministry, meanwhile will examine the need to strengthen measures to prevent further spread of the disease in the area, Health Ministry Secretary B. C. Perera said yesterday. [Text] [Colombo SUN in English 30 Mar 81 p 1]

CHOLERA IN TRINCOMALEE—An outbreak of cholera in the eastern province has claimed the lives of seven people over the weekend. About 20 others in the Trincomalee district are said to be suffering from the disease. Health Ministry officials said there were three suspected cases in Trincomalee, four in China Bay and 21 in Kantalai. [Text] [Colombo SUN in English 1 Apr 81 p 1]

CSO: 5400

ANTI-MALARIA MEASURES IN ZANZIBAR

Dar es Salaam DAILY NEWS in English 2 Apr 81 p 3

[Article by Abdulla Yakuti]

[Text] At least 300 people die of malaria in Zanzibar and Pemba every year. The figure could be higher says Abdulla Yakuti of Shihata in this article. A five-year programme has been launched to fight the disease.

The Zanzibar Revolutionary Government will from next July begin to implement an ambitious malaria control programme involving 84.6m/- in a renewed effort to rid the Isles of this killer disease.

Since mosquitoes, the main carriers of the disease thrive best on marshy areas and in filthy surroundings, the programme, to be undertaken jointly by the Zanzibar Government, the United States Agency for International Development (USAID) and the World Health Organisation (WHO) will concentrate on strategies to eliminate mosquito larvae.

The anti-malaria campaign will be carried out from five years and the Zanzibar Government health officials with assistance from the two international organisations, have already prepared implementation blue print.

All known and tested methods to combat malaria-carrying mosquitoes like regular spraying of DDT, malathion and propoxur and regular administration of anti-malaria doses would be applied.

But unlike previous attempts to control the disease, improvement of environmental conditions in Zanzibar and Pemba, particularly near human dwellings, is the cornerstone of the programme.

"To achieve the intended result," says the Zanzibar Director of Preventive Services, Dr Uledi Mwita, "community participation is to be the backbone of the programme."

Summing up reasons for the failures of previous attempts, Dr Mwita observes: "We relied too much on curative rather than preventive measures. Faced with the acute shortage of curative medical facilities, doctors, vehicles and skilled personnel, we failed and the disease persisted."

Thus, although USAID is to commit 73m/- for the purchase of vehicles, drugs, spraying chemicals and equipment and while WHO is to offer technical help, emphasis would still be placed on educating the people on the hazards of malaria in order to effectively mobilise them to fight the killer disease.

A national malaria control committee will shortly be formed in Zanzibar to coordinate implementation of the programme. According to Dr Mwita it will extensively use radio, television, newspapers, posters, mobile film vans and public meetings in educating the public.

A medical expedition organised by the Zanzibar Ministry of Health Malaria Control Unit in 1977 which took blood samples randomly for examination found out that 76 percent of the Isles' population was suffering from malaria. Malaria has been singled out as a number one killer in Zanzibar and Pemba.

"If we succeed to clear the Isles of this plague, there will be a rebound on the economic progress of the Isles," says a senior official in the Zanzibar Ministry of Planning.

Mosquitoes are known to transmit the disease by their feeding behaviour. When a mosquito feeds on the blood of a sick person, plasmodium falciparum (malaria causing parasites prominent in the Isles) are also injected.

On biting a healthy person, the malaria germs are injected through the skin and into the blood stream of the victim. Mosquitoes thus are the vital link in the malaria cycle.

The first symptoms of the diseases, are usually high fever, excessive sweating and general malaise. But to diagnose the disease blood sample from the victim has to be examined under the microscope.

If the parasites are found, treatment should follow immediately. Otherwise, the parasites multiply and move into the central nervous system. At this stage the patient experiences mental confusion.

At advanced stages, the victim begins to vomit, loses appetite and eventually lapses into an irreversible coma and with devastating swiftness dies.

Malaria victims are generally weak and cannot work for long periods. In the case of children, their weak brains become affected, becoming dull while their physical growth is retarded.

Medical research has also proved that miscarriages in women and impotence in men are some of the dreadful results imprinted by malaria, if previously the disease was left untreated until it reached advanced stages.

"Treatment on early cases is very simple and short," says Dr Mwita. "But with advanced stages, it is long and painful," he adds. Ten chroloquine tablets or a single chroloquine injection is enough to treat an early case.

He says with advanced stages, half a dozen injections and a lot of anti-malaria tablets and several weeks of confinement in bed are required to treat a patient.

Malaria is rampant in the Isles from April to June, when long rains reach their peak. Large water bodies left in the wake of heavy rains and blocked drainage systems provide ideal breeding grounds for mosquito larvae.

But before Zanzibar health officials set to confront the disease next July, a difficult home work awaits them, that of helping the people discard the superstition which associates early symptoms of malaria with an attack by pepo (evil spirits).

As a result of the belief, many people who catch malaria have been left to die in homes rather than being brought to hospitals for treatment.

Although medical records show that about 300 people die of malaria in the Isles each year, the figure could be higher if those who die in homes were included in the official list.

Those who believe in evil spirits call in a native doctor immediately a patient begins to sweat excessively and experiences mental confusion. As would be expected the patient is treated with anti-pepoherbs to exorcise evil spirits.

It is only after the "treatment" has failed that the relatives get convinced that malaria is at work and the patient is rushed to hospital.

It is important, therefore, for public health officials, Party and Government leaders to wage an early battle against such a belief resulting from ignorance.

CSO: 5400

TANZANIA

BRIEFS

CHOLERA HOSPITALIZATION, PREVENTIVE MEASURES--Musoma--One person has been hospitalised in the Musoma urban government hospital after being diagnosed and found to be suffering from cholera. The anti-cholera committee in Mara Region have prohibited the sale of fish and vegetables at Musoma market, and the sale of any foodstuffs on the streets. The committee has also prohibited fishing and bathing in Lake Victoria and any other water areas surrounding Musoma. Meanwhile, in Kibara, 11 people are being diagnosed for cholera and another 80 that were hospitalised there have been discharged. [Text] [Dar es Salaam DAILY NEWS in English 3 Apr 81 p 3]

CSO: 5400

MENINGITIS OUTBREAK REPORTED IN WEST NILE PROVINCE

AB060842 Paris AFP in English 1420 GMT 5 Apr 81

[Excerpt] Arua, Northwestern Uganda, 5 Apr (AFP)--More than 500 people have died in an outbreak of meningitis in Uganda's West Nile Province, where sporadic clashes are continuing between government troops and former soldiers of deposed dictator Idi Amin.

The disease started near the town of Koboko, two miles (three kms) from the border with Zaire and 12 miles (18 kms) from the frontier with Sudan, and was moving south toward Arua, the provincial capital, foreign doctors here said.

The victims, most of them refugees returning from camps in Zaire and Sudan, were already weak from lack of food and the long homeward trek when the disease hit them, the doctors added.

Dr Erick Mallot, who heads a French doctors without frontiers medical team, has set up a mobile clinic between Koboko and Arua, in a bid to stop the disease before it reaches here.

Arua is ill-prepared for an epidemic. The town, which was half demolished last October in fighting between the former Amin soldiers and the Ugandan army, has no welfare services, apart from a hospital, which was reopened early in February by Dr Mallot's team.

Schools in the epidemic area have already been closed to reduce the danger of contamination. Sources said that Education Ministry officials here have been told to close their schools at the first sign of the disease.

Sixty percent of the people who fled unrest and famine have returned to Arua, but housing and food shortages are acute, millions of flies buzz round uncollected garbage heaps, and clean drinking water is scarce.

CSO: 5400

WHO EXPERT FINDS IMMUNIZATION PROGRAM SUCCESSFUL

Abu Dhabi EMIRATES NEWS in English 1 Apr 81 p 3

[Text]

Abu Dhabi, March 31 (WAM): WHO expert and head of the working team charged with evaluating the vaccination program in the country Dr. Ihsan Shaqrawi has said that the UAE immunisation campaign is among the successful programs undertaken in the Middle East.

Dr. Ihsan said today after a meeting with Health Minister Abdul Rahman Al Madfa that the evaluation of the program in the UAE is part of a comprehensive evaluation underway in 120 countries in accordance with a health strategy framed by WHO.

The meeting was attended by Under-Secretary of the Ministry of Health Dr. Saad Al Qasbi, director of the preventive medicine Dr. Abdul Wahab Al Muhaidib and director of curative medicine department Dr. Abdul Rahman Jaafar.

Dr. Ihsan said that the strategy aims at vaccinating all children in the world before they reach one year of age. The inoculation campaign covers six noted diseases: tuberculosis, diphtheria, whooping cough, tetanus, polio and measles.

Dr. Ihsan said that the working team, which comprises five WHO experts, five doctors from the Ministry of Health and fifty vaccinators had completed a field study of the UAE and reached a comprehensive evaluation at the levels of the health Ministry, medical regions, vaccination centres, hospitals, health unity and school health.

Dr. Ihsan said that the team stressed the importance of drawing up

a comprehensive immunisation program in the UAE with a unified employment authority to be headed by a director for the program and under the supervision of the central preventive medicine department.

Dr. Ihsan also stressed the importance of a consultants committee for this purpose to be headed by the Minister of Health to follow up regularly the progress of the program. He added that the team had also proposed the setting up of more centres for maternity and child welfare, as the number of vaccinated children in the rural areas is only 30 per cent.

Dr. Ihsan said that presented to the Health Minister a detailed report including the positive and negative aspects of the vaccination, programs throughout the country and added that the vaccination per centage in the UAE is expected to reach 100 by the year 1990.

Health Minister Hamad Abdul Rahman Al Madfa said that he will present a study on the vaccination program and training of the vaccination staff to the next Arab Gulf Health Ministers' meeting so as to make use of the UAE experience in Gulf countries.

He expressed the UAE's thanks to the WHO for its cooperation in securing better living conditions for its citizens.

The Minister said that with sincere efforts all the negative aspects will be overcome and affirmed there are also

positive aspects which can be promoted to reach the best results in accordance with the directives of His Highness President Sheikh Zayed who has called for securing better living conditions for the people of UAE.

Meanwhile, director of the preventive medicine department Dr. Abdul Wahab Al Muhaidib said that the working team completed its task successfully and that the Ministry now has all the information and data needed for the next phase of its work.

The WHO team arrived here three weeks ago at the invitation of the Ministry of Health to evaluate the children's immunisation program in the UAE.

The team will submit to the WHO a copy of the report which it presented to Madfa.

KENYA

BRIEFS

CATTLE MOVEMENT BAN LIFTED--Kisii District Commissioner Stanley Thuo has announced that the ban on cattle movement in the district has been lifted and all markets which had been closed are now open. The ban was imposed because of foot-and-mouth disease in the area. [Excerpt] [Nairobi DAILY NATION in English 31 Mar 81 p 11]

CS0: 5400

LIVER-DAMAGING DISEASE HITTING STOCK ON NORTH ISLAND

Facial Eczema Outbreak

Auckland THE NEW ZEALAND HERALD in English 10 Mar 81 p 1

[Text] Facial eczema, the liver-damaging scourge of North Island sheep and cattle, is hitting stock in many parts of the Auckland province.

Liver damage has been showing up in lines of lambs at the freezing works and a few carcasses have had to be condemned.

With ground temperatures high, rain and extreme humidity, officers of the Ministry of Agriculture and Fisheries yesterday described conditions as ideal for the growth of the disease.

Counts of spores containing the eczema toxin are generally high in pasture and farmers have been warned to take what precautions they can.

A field day at Ruakura Agricultural Research Centre on Friday will concentrate on aspects of eczema prevention and spore counting to find danger levels.

The regional veterinary officer of the ministry in Auckland, Mr Peter Davenport, yesterday described

conditions throughout Northland as generally very dangerous.

Precautions

He said spore counts were exceedingly high, but where grass cover was good there was less danger than where stock were feeding to ground level.

"It is urgent that people now take precautions," said Mr Davenport. "Over recent years many farmers have been doing their own spore counts and those who have not may have left it a little late."

"Anybody in doubt should contact local advisory officers who should have a good idea of conditions in a specific area."

"Farmers who have not already sprayed pasture with fungicides should do so and in the meantime endeavour to shift stock on to cold faces

or pastures where feed is most plentiful."

In the Waikato and Bay of Plenty conditions are reported to be extremely favourable to the growth of eczema spores.

All Classes

In the Waikato counts are high and warnings have been out for about three weeks.

An officer of the Ministry of Agriculture in Hamilton said reports were now beginning to come in of stock of all classes being affected.

There was no major outbreak yet, he said, but the numbers of stock hit by eczema were too high for comfort.

Feed was not over-plentiful in the Waikato and in many cases stock would be grazing well down to spore level.

Farmers Had Been Warned

Auckland THE NEW ZEALAND HERALD in English 12 Mar 81 p 2

[Text] Facial eczema, the liver-damaging disease of livestock, appears to have caught farmers in many regions of the North Island on the hop after a relative lull since the bad outbreak of 1973.

Since the prevalence of the disease was reported in the Herald on Tuesday, liver damage in varying degrees has been showing up in more and more lines of lambs at freezing works.

As the disease takes some time to develop, the indications are that stock were ingesting pasture spores containing the eczema toxin a fortnight or more ago, in spite of local

warnings to farmers by the Ministry of Agriculture and Fisheries.

Officers of the ministry said yesterday that the next two to three weeks would show whether the outbreak was going to be a serious one.

Liver Damage

Meanwhile, clinical symptoms of the disease—the eczema showing up on the faces of stock through sensitivity to sunlight after liver damage—have been appearing on farms in Northland and the Waikato.

The regional veterinary officer of the Ministry of Agriculture and Fisheries

Auckland, Mr Peter Davenport, said yesterday that more liver damage was showing up in stock at the works than would normally be expected at this time of the year.

Few stock so far had had to be totally condemned, although livers were having to be sent "down the chute."

Spore Counts

With pasture spore counts high and conditions considered dangerous in many parts of the North Island, farmers are being advised to take precautions such as pasture spraying with fungicides, shifting stock to cooler or drier pasture or feeding supplements.

Rusakura Agricultural Research Centre, which for more than 30 years has made eczema research one of its major lines of inquiry, is conducting what has been described as a "fire brigade" operation.

From 10 am tomorrow the centre will conduct a seminar in the Farmers' Hall, the major aim being to alert farmers once more to the necessary precautionary measures.

Press Association reports from various areas yesterday reiterated that eczema is fairly widespread through the Auckland province, including the Gisborne region, and that it has been showing up in Taranaki.

New Treatment Developed

Auckland THE NEW ZEALAND HERALD in English 14 Mar 81 p 2

[Text]

Press Assn Wellington

Suggestions from a Te Aroha farmer, Mrs Gladys Reed, have resulted in the development of a new method for treating facial eczema.

Ministry of Agriculture and Fisheries scientists had followed her suggestions in their research of zinc treatment for eczema, and were now ready to make firm recommendations, said a ministry spokesman, Dr Clive Dalton.

Dosing with zinc salts at carefully controlled levels reduced the numbers of animals suffering from the disease and the amount of liver damage sustained by afflicted animals, he said.

But the treatment did not appear to assist recovery of

stock already affected by facial eczema.

Dose rates had to be high to achieve protection, and the method was not without dangers — he said the safety margin was small when zinc was used in this manner.

Zinc oxide and zinc chelate were the safest salts to use. Zinc sulphate, although more readily available, had a great toxicity and could damage a cow's fourth stomach.

Rusakura research scientists had warned farmers against its use for this reason.

Dose rates and costs varied according to the type of zinc used. Dr Dalton said. Full details of the treatment were available from the ministry.

BRIEFS

FIELD RATS PROBLEM--Sponsored by the agricultural development and agrarian reform ministry, U.S. specialist Russel (Travingher) has been lecturing here in Nicaragua on methods to control field rats, which every year cause heavy losses. These rats most often attack the basic grains, such as rice and sorghum, but they also eat sugar cane. According to the visiting specialist, during his visits to several rural areas, he noticed such an abundance of rats. That unless measures are adopted, during the upcoming agricultural cycle they could cause the loss of up to 40 percent of the basic grain production. [Managua Radio Sandino in Spanish 1800 GMT 24 Mar 81 PA]

CSO: 5400

BRIEFS

FOOT-AND-MOUTH DISEASE IN JERSEY--Jersey, Channel Island's 20 Mar (AP)--Foot and mouth disease has broken out in the Channel Island of Jersey, the British Ministry of Agriculture said Thursday. The island was immediately declared an infected area and movement of all livestock and pets between the island and mainland Britain was banned. All travellers by air or sea will have to walk through antiseptic liquid. Samples from six suspect animals, later killed, were found to contain the acute infectious disease which could be passed on to humans. The samples were analyzed at the Animal Virus Research Institute at Pirbright, 30 miles south of London, a world authority on the disease said. [Text] [Taipei CHINA POST in English 21 Mar 81 p 3]

CSO: 5400

BRIEFS

TICK-BORNE DISEASES--More drugs have been rushed to Monze West to fight an outbreak of tick-borne diseases which have killed hundreds of cattle, Southern Province veterinary officer Dr Namasivayan Balasubramaniam said yesterday. The war against the diseases was hampered by floods which made it difficult for his officers to reach some of the affected areas. "But now that the floods have receded, we have been able to deliver more drugs to the area and people there are very happy," Dr Balasubramaniam said. The provincial veterinary officer, who was speaking in Monze after his arrival from a tour of the affected areas, said the situation was under control. Unlike in the past when cattle died in great numbers, now there were only a few cases. He said the campaign against the diseases was reinforced by the arrival of a vehicle from Lusaka. Bicycles were provided to field workers. Dr Balasubramaniam said as more cattle were treated in dips, it was hoped the diseases would be eradicated soon. It was reported last month that more than 2,000 heads of cattle had died from tick-borne diseases. [Text] [Lusaka TIMES OF ZAMBIA in English 27 Mar 81 p 2]

CSO: 3400

BRIEFS

COCONUT WILT SPREADS--Madras, Feb. 25--A slow-killing disease of coconut has made its way to Madras from Thanjavur district. The disease, Thanjavur wilt, hitherto prevalent in Thanjavur and neighbouring districts, has been found in some pockets of Adyar and Annanagar. A team of scientists from Tamil Nadu Agricultural University, Coimbatore, last week visited different areas in the city at the request of the Horticultural Department to identify the disease. The team, accompanied by Horticultural officials, drew samples of soil and affected trees, for a detailed investigation. The wilt disease, ascribed to the attack by a fungus, manifests itself in various forms. The predominant symptoms, however, are stem bleeding (oozing of a reddish brown viscous fluid from the trunk base), drying and dropping of leaves, floral deformity, shedding of buttons, malformation of nuts, splitting of kernels and discoloured and decaying roots. [Excerpt] [Madras THE HINDU in English 26 Feb 81 p 12]

CSO: 5400

BRIEFS

BLUE MOLD--A tobacco expert who visited the tobacco plantations in northern Nicaragua, especially Esteli, has reported that 200 manzanas of "covered" tobacco are seriously affected by a plaque called "blue mold" and that this disease is threatening to completely wipe out all the Nicaraguan tobacco potential if the affected areas are not burned immediately to prevent it from spreading. [Managua LA PRENSA in Spanish 6 Mar 81 pp 1, 12 PA]

CSO: 5400

SCIENTISTS IDENTIFY FIVE SPECIES OF LOCUST IN COUNTRY

Kaduna NEW NIGERIAN in English 30 Mar 81 p 32

[Article by Leke Salau]

[Text] Scientific research has shown that five out of eleven most dangerous locusts in the world are present in Nigeria. A report of AERLS on control of locust in Nigeria, compiled by Mr J. O. Arokoyo and O.S. Bindra, gave the names of the locusts as desert, African migratory, red, Sahelian and Sudanese Tree locusts.

The report stated that these locusts were capable of causing significant damage to crops and pasture in the country.

The breeding ground of the desert locust, according to the report, was mainly the northern strip of the country with a wider area in Sokoto State. However, the locust may occasionally breed in the North-Eastern region of Borno State particularly during the rains, the report said.

For both African Migratory and Red locusts, the Lake Chad Basin, according to the report, "is now considered a distinct outbreak area of these locusts."

The presence of both Sahelian and Sudanese Tree locusts have been recorded in various parts of the northern states at different times. Both species, according to the report, had done serious damage to cotton, guava, mango, dates, sheanut tree and sorghum in Nigeria.

On locust control in the country the report noted that it was the responsibility of the Federal Government while the plant protection units of all the Savannah and Sahel states were expected to give active support in terms of trained personnel, and equipment in case of outbreak.

For instance, the international organisation for the control of the African Migratory locust is stationed in Bamako, Mali, while it has opened a branch office in Maiduguri. The organisation works hand in hand with the Federal Pest Control Unit of the Federal Department of Agriculture.

On the application of pesticides for the control of locusts, the report noted that pesticides could be applied efficiently from the ground than by aircraft.

PANAMA

BRIEFS

BLACK SIGATOKA--Black Sigatoka, which is affecting banana plantations in Changuinola, is now threatening more than 10,000 hectares of plantains in the country, a trustworthy source has informed CRITICA. Once the Black Sigatoka affects the plantain trees, there are no means to combat it, the source added. An expert estimated that the Chiriqui Land Co. will have to invest about \$12 million to protect its plantations. Agricultural development ministry authorities have been asked to take urgent measures to protect the plantain plantations. [Panama City CRITICA in Spanish 16 Mar 81 PA]

CSO: 5400

VIETNAM

BRIEFS

AN GIANG INSECT CONTROL--Thanks to prompt action, An Giang Province has been able to save more than 15,000 hectares of winter-spring rice from being ravaged by harmful insects and blight. Efforts have also been made by the province to protect some 9,000 other hectares against leaf rollers and rice leaf yellows. [Hanoi Domestic Service in Vietnamese 0400 GMT 1 Apr 81]

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